



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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(NE)

Application of

BRIAN R. JANES ET AL.

Application No.: 10/028,580

Filed: 12/20/2001

For: LOAD BEARING MEMBER  
ARRANGEMENT AND METHOD

Attorney Docket No.: 01-659

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)  
) Art Unit: 3652  
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) Examiner: M. Lowe  
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) Paper No.: 11  
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Peoria, Illinois 61629-6490

January 16 2004

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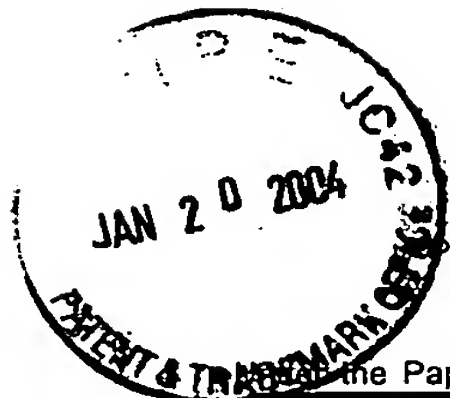
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AMENDMENT AFTER FINAL

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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(to be used for all correspondence after initial filing)

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|------------------------|-----------------------|
| Application Number     | 10/028,580            |
| Filing Date            | 12/20/2001            |
| First Named Inventor   | Brian R. Janes ET AL. |
| Group Art Unit         | 3652                  |
| Examiner Name          | Michael S. Lowe       |
| Attorney Docket Number | 01-659                |

Total Number of Pages in This Submission

## ENCLOSURES (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
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Remarks

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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James R. Smith, Registration No. 41,318

Signature

*James R. Smith*

Date

January 16, 2004

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